MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03371

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Annes
City or town near Starr
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Queen Anne
City or town Mr. Starr Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mabel Elizabeth Blunt

3. (b) Social Security Number -

4. Sex	5. Color or race	7. (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife George Raymond Blunt
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) June 25 - 1905

8. AGE:

Years	Months	Days	If less than one day
35	8	19	hrs. min.

9. Birthplace Chester Pa
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name George A. Story
13. Birthplace Queen Anne Co.
MOTHER 14. Maiden name Emma E Merritt
15. Birthplace Queen Anne. Co.
16. Informant George Raymond Blunt
Address Centreville Md R F D # 3
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16-1940 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville
18. Funeral director Barton Bros
Address Centreville Md
19. Mar. 15 1940 (Date rec'd by registrar) Thomas S. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10, 1939 to March 14 1940, and that I last saw h alive on Feb 20 1940

Immediate cause of death	DURATION
Cardiac Fibrillation	4 hrs
Due to Rheumatic Cardiac Vascular disease	unknown
Due to Rheumatic fever	20 yrs
Other conditions Chronic Pyel	20 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C R Layton Md
M. D. or other
Address Centreville Md Date signed 3-14-40

RECEIVED
APR 4 1940
BUREAU V. S.

03372

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11B)

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Annes

City or town Stevensville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Since birth

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Stevensville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME William Donald Dawson

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17-1940

8. AGE: Years | Months: One | Days: 2 | If less than one day hrs. min.

B. Birthplace Stevensville Md.

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Wilbert Elwood Dawson

13. Birthplace Anne Arundel Co, Md

MOTHER

14. Maiden name Dorothy May Stevens

15. Birthplace Chester Md

16. Informant Wilbert Elwood Dawson

Address Chester Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 20-1940 (month) (day) (year)

Cemetery or crematory Near Annapolis Md

Location

18. Funeral director F. C. Thomas

Address Stevensville Md

19 Mar 19 1940 F. C. Thomas

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 19 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Patient was seen after death cause unknown most likely oedema of lungs or acute congestion

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E Tuyler M. D. or other

Address Stevensville Date signed 3/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

03373

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Queen Anne's
City or town Chester
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Highway Route 404
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Maryland County Talbot
City or town Saint Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Louis Gretzinger

3. (b) Social Security Number 217-09-9199.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret M. Gretzinger 6(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 1-30-1908

8. AGE:

Years	Months	Days	If less than one day
32	1	15	hrs. min.

9. Birthplace Eastern Maryland
(Town, county, and state)

10. Usual occupation Truck driver

11. Industry or business Trucking

FATHER
12. Name Rudolph Gretzinger
13. Birthplace Pittsburgh, Pa.

MOTHER
14. Maiden name Adah Willis
15. Birthplace Centreville - Md.

18. Informant Margaret M Gretzinger
Address Saint Michaels - Md.

17. Burial Date thereof 3 17 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville - Md.

18. Funeral director J. N. Marshall
Address Saint Michaels

19. Mar 16 1940 F. C. Thomas
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 11:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

	DURATION
Immediate cause of death Comp and fracture skull, crushed	
Due to Fracture of Trunk, entering Head	1
Due to Automobile Truck - running road - striking pole	
Other conditions Crushed chest and abdomen.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 3-14-40
Where did injury occur? Chester (City or town) Queen Anne's (County) Md. (State)
Injured at home, farm, industry, public place (where?)
Means of injury Auto truck accident at work? yes.

23. SIGNATURE James J Price M D
M. D. or other
Address Centreville Md Date signed 3/15/40

RECEIVED
MAR 29 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-e)

03374

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: rural

County: Near Queenstown

City or town: Queen Anne Co.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Nr. Queenstown rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hunter

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 19-1940

8. AGE: Years | Months | Days | If less than one day hrs. 45 min.

9. Birthplace: Near Queenstown Md
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: James Edison Hunter
13. Birthplace: Md.

MOTHER
14. Maiden name: Leila May Sewell
15. Birthplace: Md

16. Informant: Jas Edison Hunter (Father)

Address: Grasonville Md

17. Burial (Burial, ~~cremation, or removal~~ Which?) Date thereof: Mar. 19-1940 (month) (day) (year)

Cemetery or crematory: Perry's Corner

Location: " " - Md.

18. Funeral director: none - buried by father

Address

19. Mar. 19. 1940 - Helen M. Aldridge Loc. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19- 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19- 1940, to March 19- 1940, and that I last saw him alive on March 19- 1940

Immediate cause of death: Premature birth with congenital weakness - Very blue baby

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other

Address: Centreville Md Date signed: 3/20.40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03375

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Queen Annes

City or town: Grasonville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): about 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Annes

City or town: Grasonville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas Jones

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Widower

6 (b) Name of husband or wife: Katie Thomas Jones Deceased

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): May 13 1872

8. AGE: Years: 67 | Months: 10 | Days: 6 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Wm. B. Jones

FATHER — 13. Birthplace: L.A. Co. Md.

MOTHER — 14. Maiden name: Mary Lane

MOTHER — 15. Birthplace: Queen Anne Co. Md

16. Informant: Mrs. Wm. Jones

Address: Grasonville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 21 1940 (month) (day) (year)

Cemetery or crematory: Stevensville Md

Location: Stevensville

18. Funeral director: Frank E. Thomas

Address: Stevensville Md

19. Mar. 21 1940 (Date rec'd by registrar) — Helen M. Aldridge, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 19 1940, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16 1940, to Mch 19 1940, and that I last saw h alive on ____ 19____.

Immediate cause of death: Angina Pectoris — DURATION: 2 mos.

Due to: ____

Due to: ____

Other conditions: Arteria Sclerosis — DURATION: 2 yrs 4 mos

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: W. Chas E. Snyder, M. D. or other

Address: Stevensville Date signed: 3/20/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03376

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH:
County: Queen Anne
City or town: Mr Carmichael - rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): ✓
Stay in this community (yrs., or mos., or days): 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Queen Anne
City or town: Queenstown R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Dewey Spencer Kemp.

3. (b) Social Security Number: None -

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Pauline Hignett Kemp
6(c) If alive, give age: 33 years
7. Birth date of deceased (mo., day, yr.): Sept 25 - 1897

8. AGE: Years: 42 Months: 6 Days: 5 If less than one day: hrs. min.

9. Birthplace: New Bridge, Carbot Co, Md
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Tilling the Soil

FATHER
12. Name: Benjamin Kemp
13. Birthplace: Do not Know

MOTHER
14. Maiden name: " " "
15. Birthplace: " " "

16. Informant: Mrs Dewey Kemp
Address: Queenstown, R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 2, 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Denton Cemetery
Location: Denton - Md.
18. Funeral director: Barton Bros
Address: Centreville, Md
19. Apr. 1 1940 (Date rec'd by registrar) Helen M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30 - 1940, at 7 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Coronary embolism — DURATION: 1 day
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Samuel J Price M.D. M. D. or other
Deputy Med examiner
Address: Queenstown Date signed: 4/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03377

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Starr, Centreville R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne's
City or town: Starr, Centreville R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas R. Legg

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Elizabeth Davis

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): - - 1866

8. AGE: Years	Months	Days	If less than one day
74			hrs. min.

9. Birthplace: Kent Co. Maryland
(Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Wheat thresher

FATHER
12. Name: Don't Know
13. Birthplace: Kent Co. Md

MOTHER
14. Maiden name: Don't Know
15. Birthplace: Kent Co. Md

16. Informant: Mrs Edward B Davis
Address: Hillsboro, Caroline Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 31-40 (month) (day) (year)

Cemetery or crematory:
Location: Denton, Md

18. Funeral director: Barton Brown
Address: Centreville, Md

19. Mar. 30 1940 (Date rec'd by registrar) Thomas S. Bright Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 28 1940, at 10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Coronary embolism	1
Due to	
Due to	
Other conditions: Arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Samuel Price M.D.
Deputy Health Officer - M. D. or other
Address: Centreville Date signed: 3/30/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-A)

03378

CERTIFICATE OF DEATH

Reg. Dist. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne's
City or town: Rural - nr. Wye Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 53 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: M. Wye Mills - rural Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(e) IF VETERAN, NAME WAR:

3. (a) FULL NAME: James C. Little

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Minnie Cole
6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Nov. 30th. 1887

8. AGE:

Years	Months	Days	If less than one day
53	8	19	hrs. min.

9. Birthplace: Carmichael (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: Clarence Little
13. Birthplace: Carmichael
MOTHER 14. Maiden name: Cecilia Single
15. Birthplace: Carmichael
16. Informant: Minnie Little (wife)
Address: Queenstown, Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 14 1940 (month) (day) (year)
Cemetery or crematory: Carmichael
Location: Queen Anne Co.
18. Funeral director: Angie W. Eddens
Address: Centreville Md
19. Mar. 14 1940 (Date rec'd by registrar) Helen M. Aldridge, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 12 - 1940, at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14 1939, to March 12 1940, and that I last saw h-- alive on Dec 23 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrage	10 hours
Due to: Arteo Selerosis	unk
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. K. Layton MD
M. D. or other
Address: Centreville Md. Date signed 3-15-40

RECEIVED
APR 6 1940
BUREAU V. S.

03379

STATE OF MARYLAND—CERTIFICATE OF DEATH

127-a

1. PLACE OF DEATH

County Queen Anne Registration Dist. No. 254

Village or City Queenstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Manlove

(a) Residence: No. Greensboro - Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William P Manlove Jr

6. DATE OF BIRTH (month, day, and year) May 10 1877

7. AGE Years 62 Months 10 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. H. W.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) Mar 1940

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) Church Hill (State or country) Maryland

FATHER

13. NAME Doctor Thos H. Green

14. BIRTHPLACE (city or town) Church Hill (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Mitchell

16. BIRTHPLACE (city or town) Delaware (State or country)

17. INFORMANT Eleanor Fleetwood (Address) Queenstown

18. BURIAL, CREMATION, OR REMOVAL Place Greensboro Date Mar. 16, 1940

19. UNDERTAKER Raymond Rawlings (Address) Greensboro - Md.

20. FILED Mar. 15, 1940 Helen M. Aldridge Loc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 14, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from February 15, 1940, to Mar 14, 1940. I last saw her alive on March 14, 1940, death is said to have occurred on the date stated above, at 5:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute dilatation of the stomach	3-14 1940

Other Contributory Causes of importance:

Cholecystitis	2-7 1940

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lawrence J Price M. D.

(Address) Queenstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-E

03380

CERTIFICATE OF DEATH

Reg. Dist. No. 2521

1. PLACE OF DEATH:

County Queen Anne

City or town Nr. Centreville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne Co

City or town Nr. Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Tilghman

3. (b) Social Security Number None.

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Martha Gould

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Mar. 23 - 1890

8. AGE: Years 50 Months — Days 3 If less than one day hrs. min.

9. Birthplace Queen Anne Co.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER

12. Name Robt Tilghman

13. Birthplace Queen Anne Co

MOTHER

14. Maiden name Tillie Railey

15. Birthplace Queen Anne Co

16. Informant Martha Tilghman

Address Centreville, Md. R.F.D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 29-1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Gouldtown, Md.

18. Funeral director Annie W. Eddins

Address Centreville, Md.

19. Mar. 28 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 20 1939, to March 26 1940, and that I last saw h— alive on March 25 1940.

Immediate cause of death Congestive Heart failure — DURATION 8 mo

Due to Mitral Stenosis & mio cardial weakness — Unknown

Due to Rheumatic heart disease — Unknown

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. K. Layton M. D. or other

Address Centreville Date signed 3-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

03381

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Queen Anne's Registration Dist. No. 252

Village or City Centreville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Taylor If U. S. Veteran, specify WAR

(a) Residence: No. Centreville Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of No

6. DATE OF BIRTH (month, dey, and year) March 28, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			4	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and yeer)

11. Total time (yeers) spent in this occupetion

12. BIRTHPLACE (city or town) Centreville Md (State or country)

FATHER

13. NAME Joseph Houston

14. BIRTHPLACE (city or town) Centreville Md (State or country)

MOTHER

15. MAIDEN NAME Marie Taylor

16. BIRTHPLACE (city or town) Queenstown Md (Steta or country)

17. INFORMANT Grandmother Rose Byrne (Address) Centreville Md

18. BURIAL, CREMATION, OR REMOVAL Place M. Centreville Date April 1, 1940

19. UNDERTAKER Henry Green (Grandfather) (Address) Centreville R. F. D.

20. FILED Mar. 31 1940 Mamie S. Wright. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 31 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1940 to March 31, 1940

I last saw her alive on March 30, 1940; death is said to have occurred on the date stated above, at 8 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Hemorrhage from Umbelical Cord	March 27

Other **Contributory Causes** of importence: No

Name of operation Cutting Umbelical Cord Date of March 30

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death wes dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Taylor M. D.

(Address) Centreville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03382

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92E)

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne

City or town Centreville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne

City or town Centreville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Joseph Howard Walker

3. (b) Social Security Number 213-14-1146

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of ~~husband~~ or wife Phoebe Middleton

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Sept. 30-1894

8. AGE: Years 45 Months 5 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace New Harmony, Indiana (Town, county, and state)

10. Usual occupation Chauffeur

11. Industry or business State Road work

FATHER 12. Name George Walker

13. Birthplace Dont know

MOTHER 14. Maiden name Ida Brown

15. Birthplace Dont know

16. Informant Mrs Phoebe Middleton Walker

Address Centreville. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 24-1940 (month) (day) (year)

Cemetery or crematory Piney Neck

Location Piney Neck, Kent Co. Md

18. Funeral director Barton Bros

Address Centreville Md

19. Mar. 23 1940 (Date rec'd by registrar) Mamie S. Bright Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 5 45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 27 1940, to Mch 22 1940, and that I last saw h~~im~~ alive on Mch 21 1940.

Immediate cause of death Mitral Regurgitation Cum Angina Pectoris

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Henry Fisher M. D. or other

Address Centreville Md Date signed 3/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.